

TOWN OF BRAINTREE

FIREFIGHTER EXAM REQUIREMENTS:

EXAM DATE: March 24, 2007
(Snow Date: March 31, 2007)

LOCATION: BRAINTREE HIGH SCHOOL

APPLICATION FEE: \$40.00 (BANK CHECK, MONEY ORDER, CASH)
"NO PERSONAL CHECKS"

IDENTIFICATION: COPY OF DRIVER'S LICENSE &
COPY OF BIRTH CERTIFICATE

AGE REQUIREMENT: MUST BE 19 YRS/OLD BY EXAM DATE

TEST: 90/100 MULTIPLE CHOICE QUESTIONS -
NO STUDY GUIDE REQUIRED

MUST HAVE HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE

MUST PASS THE MA STATE "PHYSICAL ABILITIES TEST"

MUST PASS THE FIREFIGHTING ACADEMY

MUST PASS A JOB-RELATED PHYSICAL EXAM

MUST BE A NON-SMOKER

NO RESIDENCY REQUIREMENT (extra points are given for a *Resident, Veteran, Certified Paramedic, EMT and a Town of Braintree Employee*)

EMT: ABILITY TO OBTAIN CERTIFICATION WITHIN ONE YEAR AFTER
HIRE DATE

Please PRINT or Type in Ink

Application # _____

TOWN OF BRAINTREE

APPLICATION FOR FIREFIGHTER'S ENTRANCE EXAM

PART I

Last Name First Name Middle Initial

Mailing Address (No. & Street, R.D., or P.O. Box)

() -

City or Town State Zip Telephone Number

High School Diploma or G.E.D. Certificate received from:

Name of School and Address

A \$40.00 processing fee MUST be submitted with this application. NO PERSONAL CHECKS; make bank check or money order ONLY payable to the "TOWN OF BRAINTREE" and mail or deliver to:

Personnel Department
TOWN HALL
1 J.F.K. Memorial Dr.
Braintree, MA 02184

False information provided in this application could lead to removal from the eligible list. I understand that, before being considered a finalist for appointment as a Firefighter, I will be required to sign an "Authority for Release of Information" statement. I hereby declare that the statements and answers made as part of this application are true and are made under the penalties of perjury.

SIGNATURE: _____ DATE: _____

IMPORTANT: Check the exam instructions for the last date for filing Applications. NO application will be accepted unless it is delivered or postmarked on or before February 2, 2007.

The applicant has the option of completing and signing the attached Part II. Please carefully read the form, then in accordance with your choice, either complete and sign the form, or not.

Application # _____

PART II

Responses to the items listed below are optional and are for your use should you wish to identify yourself as being a member of a protected group. This form will be detached from your application immediately after you apply and will be maintained in a separate and strictly confidential file in the Personnel Department. If you are unwilling to complete the form, it is your right to decline.

Please complete the following Sections A, B, and C at your option:

A. NAME: _____

Last	First	Middle
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B. SEX: Male: _____ Female: _____

C. Your Racial or Ethnic Identification: (check one)

1. White - all persons having origins in any of the original people in Europe, North Africa, or the Middle East. ()
2. Black - all persons having origins in any of the Black racial groups in Africa. ()
3. Hispanic - all persons of Mexican, Puerto Rican, Cuban Central or South America or other Spanish culture or Origin, regardless of race. ()
4. Asian or Pacific Islander - all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. ()
5. American Indian or Alaskan Native - all persons having origins in any of the original peoples of North America, and maintain cultural identification through tribal affiliations or community recognition. ()

SIGNATURE: _____

Application # _____

TOWN OF BRAINTREE

AUTHORITY FOR RELEASE OF INFORMATION

DATE: _____

I, _____, born in _____ on _____, having filed an application for employment with the Braintree Fire Department, consent to have an investigation made as to my moral character, reputation, and fitness for the position to which I have applied and such information as may be received, reported to the *Appointing Authority*. I agree to give any further information that may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, including hospital records and information of past hospitalization in a mental, state or private hospital, inpatient or outpatient unit, to furnish to the Braintree Fire Department or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge and exonerate the Braintree Fire Department, its agents and representatives, and any person so furnishing information from any and all liability or every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of the Braintree Fire Department.

I have had explained to me, and I fully understand, that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain any original writing of my signature.

SIGNATURE: _____

ADDRESS: _____

CITY/TOWN: _____

Witness: _____